| RUERAU OF VITAL STATISTICS I. PLACE OF DEATH County Maricopa State State Arizona State File No. District or Township City Glendale City Susan A. McAllister Susan A. McAllister Susan A. McAllister (a) Residence, No. Lat. 21 Length of residence in city or town where death occirred 3 ym. 6 mos. PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR or RACE 5. SINGLE, MARRIED, WIDOW. (Write the word) White So. It married, widowed, or divorced HUSBAND of (wr) WIPE of (wr) W | I | | | | |
|--|-------------------------------------|------------------------------|---|---------------------|------------------------|
| County Maricopa District or Township. Glendale No. Lat. 21 near Glendale A.e. Ward (if death occurred in a hospital or institution, give its NAME instead of street and number). Susan A. Moallister (a) Residence, No. Lat. 21 ((unual place of abode) Length of residence in city or town where death occurred 3 yrs. 6 mos. Description of the city or town where death occurred 3 yrs. 6 mos. PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR or RACE S. SINGLE, MARRIED, WIDOW- REWITTED AND STATISTICAL PARTICULARS S. HOAL OF BEATH Month Day Year Month Day Year Month T. I. HEREBY CERTIFY, That I stended doceased from and that death accurred on the date stated above, at 12:15 P. M. CONTRIBUTION OF BEATHS was as follows: CONTRIBUTION OF COUNTRY S. SOCUPATION OF BECEASED (State or country) S. BIRTHPLACE OF FATHER S. MCALLISTER OF town) S. Was there an anatopy? Was there an anatopy? What test confirmed distances follows: Contribution of the country of the count | Altizoi | NA STATE BO | DARD OF HEALTH | | 1 1 一へ |
| District or Township | Maricona | S1-1- A | rizona | | |
| City Glendale No. Lat. 21 (If death occurred in a hospital or institution, give its NAME instead of street and number). 2. FULL NAME Susan A. McAllister (a) Residence, No. Lat. 21 (Usual place of abode) Length of residence in city or town where death occurred 3 yrg. 6 mos. Length of residence in city or town where death occurred 3 yrg. 6 mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR or RACE 5. SINGLE, MARRIED, WIDOW-E (Write the weed) Female White 65a. If married, widowed, or divorced HUBBAND of (er) WIPE of (ev) WIPE of (ev) WIPE of 6 7 or mile. 5a. Lat. or line of the country of the country of the country of the call stated above, at 12:15 Palls. 5a. OCCUPATION OF DECASED or mile. 5b. OCCUPATION OF DECASED or callbilance in in which employed (ev employer). (c) Name of FATHER 5. E. MCALLISTER OF DEATH was as follows: 5c. OCCUPATION OF DECASED or callbilance in in which employed (ev employer). (c) Name of FATHER 5. E. MCALLISTER OF DEATH was as follows: 5c. OCCUPATION OF DECASED or callbilance in in which employed (ev employer). (c) Name of FATHER 5. E. MCALLISTER OF DEATH or callbilance in the country of the country). (State or country) 15. MIRTHPLACE (city or town) 15. Wileyer was wisease contracted High at Pince of death. Country of the countr | | | | Itek Bieleu | 110 |
| (if death occurred in a hospital or institution, give its NAME Instead of street and number). Susan A. McAllister (a) Residence, No. Lett. 21 Length of residence in city or fown where death occurred 3 yrs. 6 mos. PERSONAL AND STATISTICAL PARTICULARS SEX. (If non-resident, give city or town and State) (If non-re | (Clendale | Lat. | 21 near Glenda | le Are. | 0P |
| (a) Residence, No. Late 21 Length of residence in city or town where death occurred 3 yrs. 6 mos. Length of residence in city or town where death occurred 3 yrs. 6 mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR or RACE 5. SINGLE, MARRIED, WIDOW-ED OF DIVORCED. Write the word. Write the word. S. SINGLE, MARRIED, WIDOW-ED OF DEATH Month Day Year In married, widowed, or divorced word. RUBBAND of (or) Wife of 6. DATE OF BIRTH (month, day and year) Nov. 27, 1922 7. ACE Years Months Days IF LESS than 1 day hers. 6. DATE OF BIRTH (month, day and year) Nov. 27, 1922 7. ACE Years Months Days IF LESS than 1 day hers. 8. OCCUPATION OF DECEASED (a) Trade, profession, or (b) General matter of industry. Decises or establishment in which employer (c) Name of amployer 9. BIRTHPLACE (city of town) (State or country) New Mexico 11. BIRTHPLACE (city of town) (State or country) Texes or country) 12. MAIDEN NAME 13. BIRTHPLACE OF MOTHER 13. BIRTHPLACE OF MOTHER 14. BIRTHPLACE OF MOTHER 15. MCAllister (Signed) J 19 (Address) M. D. Contribution of causing Death, or in deaths from Visient Cause, state (j) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Monthalls, See reverse side for additional space). 14. MAIDEN NAME 15. BIRTHPLACE OF BURIAL INTERNATION IN MEM Nature of Injury, and (2) whether Accidental, Suicidal, or Monthalls, See reverse side for additional space). 14. MAIDEN NAME 15. BIRTHPLACE OF BURIAL INTERNATION IN MEM Nature of Injury, and (2) whether Accidental, Suicidal, or Monthalls, See reverse side for additional space). 16. DATE OF BURIAL INTERNATION IN MEM Nature of Injury, and (2) whether Accidental, Suicidal, or Monthalls, See reverse side for additional space). 16. DATE OF BURIAL INTERNATION IN MEM Nature of Injury, and (2) whether Accidental, Suicidal, or Monthalls, See reverse side for additional space). 17. PLACE OF BURIAL INTERNATION IN MEM NATURE AND IN MEM | | (If death occurred | in a hospital or institution, give | its NAME instead | of street and number). |
| (Unand place of abode) Length of residence in city or town where death occurred 3 yrs. 6 mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX | 2. FULL NAME Susan | A. McAlli | ster | | • |
| (Usual place of abode) Length of residence in city or town where death occurred 3 ym. 6 mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX | (a) Residence, No. Lat. 21 | | St War | d. | |
| 3. SEX 4. COLOR or RACE ED SINGLE, MARRIED, WIDOW ED or DIVORCED. (Write the word) Female White Sa. If married, widowed, or divorced HUSHAND of CITY Wife of 6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days IF LESS than 1 6 7 day hrs. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, beginess or establishment in which employed (or employer) (c) Name of employer (c) Name | (Usual place of abode) | 6 7 6 | (If non-resident, g | ive city or town an | |
| Female White ED or DIVORCED. (Write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WiFe of 5b. DATE OF BIRTH (month, day and year) 5c. DATE OF BIRTH (month, day and year) 7. ACE Years Months Day IF LESS than in day her. 5c. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, herives or establishment in which employer (c) Name of employer (c) Name of employer (c) Name of partners of establishment in which employed (or employer) (c) Name of FATHER J. E. MCAllister 11. BIRTHPLACE (city or town) (State or country) (State or country) (State or country) Texas or town) 12. MAIDEN NAME OF MOTHER (State or country) 13. BIRTHPLACE OF MOTHER (State or country) 14. Callister (State or country) 15. BIRTHPLACE OF MOTHER (State or country) 16. DATE OF DEATH Month Day Year 17. I HEREBY CERTIFY. That I attended deceased from Month Day Year 18. CALL Faw here alive on the date stated above, at 12:15 P.M. (duration) (dur | PERSONAL AND STATISTICAL PARTIC | MEDICAL CERTIFICATE OF DEATH | | | |
| Female White (Write the word) (All Married, widowed, or divorced HUSBAND of (or) WIFE of (or) Wif | | ARRIED, WIDOW- | 16. DATE OF DEATH | June | 3 27 |
| 53. If married, widowed, or divorced HUSBAND of (or) WiFe of 6. DATE OF BIRTH (month, day and year) NOV. 27, 1928 7. AGE Years Months Days IF LESS than I day hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, beriness or establishment in which employer (c) Name of employer (c) Name of employer (c) Name of employer (c) Name of EAULE OF FATHER TEXAS 10. NAME OF FATHER TEXAS (State or country) 11. BIRTHPLACE OF MOTHER CALLIE A. Tanner (State or country) 12. MAIDEN NAME OF FATHER CALLIE A. Tanner (Signed) (Martin) (Signed) (Martin) (Signed) (Martin) (Signed) (Martin) (Signed) (Martin) (Mar | (Write the | | | | |
| HUSBAND of (or) WiFe of 6. DATE OF BIRTH (month, day and year) Nov. 27, 1928 7. AGE Years Months Days IF LESS than 1 4 6 7 day hrs. or min. 8. OCCUPATION OF DECEASED (a) Tride, profession, or particular kind of work or establishment in which employed (or employer) (b) General nature of industry, betters or establishment in which employed (or employer) (c) Name of smployer 9. BIRTHPLACE (city or town) (State or country) New Mexico 10. NAME OF FATHER Je Lease (city or town) (State or country) (State or country) 12. MAIDEN NAME Callie A. Tanner (State or country) 13. BIRTHPLACE OF MOTHER (State or country) 14. Informant Je E. MCAllister (State or country) 15. E. MCAllister (State or country) 16. MAIDEN NAME (State or country) 17. E. MCAllister (State or country) 18. What test confirmed diagnosis? (Signed) | | | 10000 | | tended deceased from |
| and that death occurred, on the date stated above, at 12:15 P.M. 7. AGE Years Months Days IF LESS than 1 The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, bersiess or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) 10. NAME OF FATHER J. E. MCALLISTEY 11. BIRTHPLACE OF FATHER TEXAS (State or country) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (State or country) 14. MAIDEN NAME (State or country) Texas or town) 15. BIRTHPLACE OF MOTHER (State or country) 16. MCALLISTEY (State or country) Texas or town) 17. MAIDEN NAME (State or country) Texas or town) 18. Where was Meesase contracted in a stop of death? Was there an autopsy? What test confirmed diagnosis? (Signed) (S | 1 | | 19, 19 | 10 | 2 , 19 2 |
| 7. AGE Years Months Days IF LESS than 1 7 day hrs. S. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, bersiess or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (State or country) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER 14. MAIDEN NAME OF MOTHER 15. MCAllister (State or country) 16. MCAllister (State or country) 17. MAIDEN NAME OF MOTHER (State or country) 18. Where was as follows: (duration) yrs. mos. ds. (State or country) Where was as follows: (duration) yrs. mos. ds. (duration) yrs. mos. ds. (Size of death? Was there an autopsy? What test confirmed diagnosis? What te | (or) WIFE of | | that I last raw hamalive | on grue | 19 2 |
| 7. AGE Years Months 6 7 day brs. S. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, brsiness or establishment in which employer (c) Name of employer (c) Name of employer 9. BIRTHPLACE (city or town) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 12. MAIDEN NAME (State or country) 12. MAIDEN NAME (State or country) 13. BIRTHPLACE OF MOTHER 14. BIRTHPLACE OF MOTHER 15. MCAllister (Address) 16. Callister 17. Month of Father Texas (Since of town) 18. Where was mease contracted in the at place of death? Was there an autopsy? What test confirmed diagnosis? What test | 1000 21, 1704 | | and that death occurred, on the date stated above, at 12:15 Parts. The CAUSE OF DEATH* was as follows: | | |
| S. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, beniness or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (State or country) 12. MAIDEN NAME OF MOTHER (State or country) 13. BIRTHPLACE OF MOTHER (State or country) 14. BIRTHPLACE OF MOTHER (State or country) 15. MCAllister (State or country) Texas 16. Callie A. Tanner (Signed) (Soe reverse side for additional space). 19. PLACE OF BURIAL TREATED BY DATE OF BURIAL THEORY ADDRESS Clendale | ·· ·· | 1 | 0 1 | | |
| (a) Trade, profession, or particular kind of work (b) General nature of industry, betieves or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) 10. NAME OF FATHER 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER 13. BIRTHPLACE OF MOTHER (State or country) 14. Informant 15. E. MCAllister (State or country) 15. MCALLISTER 16. MCAllister (Address) 17. MCALLISTER 18. Where was mease contracted in a death? (Signed) | T O ' | 1 - , | Lethargic | Encefr | Lalitio |
| particular kind of work. (b) General nature of industry, bestivess or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER 14. MAIDEN NAME (State or country) 15. MCAllister (State or country) 16. MCAllister (Signed) 17. State to Glendale 18. Where was Mease contracted 19. Was there an autopsy? What test confirmed diagnosis? (Audress) The Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. State or country) 17. MAIDEN NAME (State or country) 18. Where was Mease contracted 19. Maidensy The Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 19. PLACE OF BURIAL THE ARM OF DATE OF BURIAL 11. Maidensy The Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 10. NAME OF FATHER 11. BIRTHPLACE OF MOTHER 12. MAIDEN NAME (Signed) (Signed | | | | | |
| CONTRIBUTERY Secondary Secondar | particular kind of work | | (duration) | | |
| (c) Name of employer 9. BIRTHPLACE (city or town) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (State or country) 14. MAIDEN NAME (State or country) 15. MCAllister 16. Where was blease contracted If at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) (Address) (State or country) Texas (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addr | bysiness or establishment in | | | | |
| 9. HRTHPLACE (city or town) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER 13. BIRTHPLACE OF MOTHER 14. Informant (State or country) 14. Informant (Address) 15. MCAllister 16. We Mexico 18. Where was mease contracted 19. At place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (| | | (Secondary) | | |
| 10. NAME OF FATHER J. E. McAllister 11. BIRTHPLACE OF FATHER Texas (city or town) (State or country) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (State or country) Texas (State or country) Texas 14. Informant J. E. McAllister (Address) 15. McAllister (Address) 16. Tanner (Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. Tat place of death? Date of Was there an autopsy? (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) DATE OF BURIAL (Address) DATE OF BURIAL (ADDRESS Filed 15. S. Brazill Collendale Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 17. PLACE OF BURIAL TEXAMON OF TAXABLE (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 16. Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 17. Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 18. Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, S | 9. BIRTHPLACE (city of town) | | | | |
| Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? State or country of Date of Was there an autopsy? State or country of Date of Was there an autopsy? What test confirmed diagnosis? Date of Was there an autopsy? State or country of Date of Was there an autopsy? State or country of Date of Was there an autopsy? State or country of Date of Was there an autopsy? State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (Soe reverse side for additional space). 11. Informant J. E. MCAllister (Address) Lat. 21 4mi. S. Glendale Ave. Glendale June 4, 1927 20. UNDERTAKER J. S. Brazill Clendale | (State or country) New Mexico | | | | |
| Was there an autopsy? Colling of town Callie A. Tanner | 10. NAME OF FATHER J. E. McAllister | | 3 | | |
| (State or country) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (State or country) 14. Informant (Add(ess)) 15. MCAllister (Add(ess)) 16. MCAllister 17. Clendale (City or town) What test confirmed diagnosis? (Lady or John A. T. J. | 11 PIDTUDI ACE OF PATHED TEXAS | | Was there an autopsy? | | |
| 13. BIRTHPLACE OF MOTHER (State or country) 14. Informant (Address) 15. Lat. 21 4mi. S. Glendale 16. Clendale 20. UNDERTAKER J. S. Brazill 21. S. Brazill 4. State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 19. PLACE OF BURIAL FRANCE DATE OF BURIAL June 4, 1927 20. UNDERTAKER J. S. Brazill Clendale Clendale | (c) (State or country) | ity or town) | What test confirmed diagnos | 13? Guely or | Thurs the |
| 13. BIRTHPLACE OF MOTHER (State or country) 14. Informant (Address) 15. Lat. 21 4mi. S. Glendale 16. Clendale 20. UNDERTAKER J. S. Brazill 21. S. Brazill 4. State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 19. PLACE OF BURIAL FRANCE DATE OF BURIAL June 4, 1927 20. UNDERTAKER J. S. Brazill Clendale Clendale | 12. MAIDEN NAME CATT | e A. Tenne | (Signed) (A - C | (Address) | , M. D. |
| (State or country) Texas or town) 14. J. E. McAllister (Address) Lat. 21 4mi. S. Glendale Ave. Glendale 15. Filed M. 3, 137 16. Glendale 17. S. Brazill Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 19. PLACE OF BURIAL JUNE ACCIDENTAL DATE OF BURIAL JUNE 4, 1927 20. UNDERTAKER J. S. Brazill Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 19. PLACE OF BURIAL JUNE 4, 1927 20. UNDERTAKER J. S. Brazill Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). 19. PLACE OF BURIAL JUNE 4, 1927 ADDRESS Clendale Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). | A OF MOTHER OCCUPANT | | 6 0 1 | | |
| 13. J. E. McAllister (Address) Lat. 21 4mi. S. Glendale ave. Glendale 20. UNDERTAKER Filed 1. 3. 13. 7 13. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15 | ग≖र्र्स | ty or town) | ! Causes, state (1) Means and | Nature of Injury, a | nd (2) whether Acci- |
| (Address) Lat. 21 4mi. S. Glendale Ave. Glendale June 4,1927 15. Filed M. 3,137 M. Matthew J. S. Brazill Glendale Glendale Glendale | (State of Country) | | 19. PLACE OF BURIAL | | |
| 15. Filed Mu3, 137 M. Middle 20. UNDERTAKER J. S. Brazill Glendale | Informant Tot 91 Ind 9 | Slendale 4 | · | Ì | June 4 1927 |
| Filed 1665, 137 Milliam J. S. Brazill Glendale | (Address) | 7.7/ | | | |
| Registrar. | | allen | _ | | |
| | | Registrar. | JONE DINGER | | Con was with a |

N. B.—WRITE PLAINLY WITH UNFADING INK—ITHE IS A PERMANENT RECORD.

[11] Supplied. AGE should be stated EXACTLY! PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be propelly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.